DOCUMENT RESUME

ED 376 636 EC 303 463

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TITLE Educational Outcomes of a Community-Based Full Service School.
PUB DATE 31 Oct 92
NOTE 24p.; Paper presented at the Convention of the University Council for Education Administrators (Minneapolis, MN, October 31, 1992).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Academic Achievement; *Agency Cooperation; Behavior Change; *Community Programs; *Disabilities; Elementary Secondary Education; Government Role; Government School Relationship; Health Services; *Human Services; *Integrated Activities; Models; *Outcomes of Education; Parent Participation; Physical Health; Program Evaluation; Social Services
IDENTIFIERS Florida (Gainesville); *Full Service School Model

ABSTRACT

This paper reports the findings of the first annual evaluation of the Full Service Schools Grant of the Family Services Center in Gainesville, Florida. The Family Services Center is a coordinated effort among local, state, and federal agencies to provide integrated health, education, and social services to qualified families who may require a variety of support services. Subjects for the evaluation included 183 students, 27 percent of whom received special education services primarily for specific learning disability or emotional disturbances. A quantitative study examined student academic and behavioral improvement, health status, and level of parental involvement. Overall, academic gains were limited, with minimal changes in absenteeism rates or discipline referrals. Interviews with six participating family members produced five major themes: level of satisfaction, perceptions about staff, benefits of the full service model, difficulties of parenting, and significant changes. Participants described the full service model as successful and supportive. Areas for further program development are indicated. (Contains 16 references.) (JDD)

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ED 376 636

EDUCATIONAL OUTCOMES OF A COMMUNITY-BASED FULL SERVICE SCHOOL

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Introduction

The Full Service Schools model has emerged as an alternative to the current fragmented delivery of human services (Ascher, 1990; Glass, 1992; Kirst, 1991; Melaville & Blank, 1991; Rist, 1990; Wise, 1991). The model is based on the perspective that children bring more than education needs to the classroom and Florida's system of service delivery, structured within discreet categorical boundaries, failed to meet the children's needs (Taylor, 1991). When basic needs are met, it is usually through several different professionals working within separate agencies or divisions. It is the families task to integrate services and plans. Blank and Lombardi (1992) argued that children must be seen in the context of families, and families in the context of the communities in which they live and comprehensive services must be provided in a way that respects the individual needs and cultures of the families and communities.

One recent change in service delivery was Florida Statute 402.3026 (1990), which required Florida's Department of Education (FDOE) and the Department of Health and Rehabilitative Services (DHRS) to "jointly establish Full Service Schools to serve students from schools that have a student population that has a high risk of needing medical and social services," and that the initiative be fully implemented by the 1995-1996 school year through out the state.

Legislators allocated $6.1 million which was dispensed to 32 school districts around the state during 1991-1992 school year through a competitive grant process. The funds were used to provide treatment and support services for children and their families through the development of state and local, public and private partnerships. These projects affected approximately 70 elementary, middle, high, and alternative schools around the state with student populations that have a high risk of needing medical and social services, based on the results of the services of the DHRS that are critical to the continuity-of-care process (Groves, 1992).

The Full Service Schools program, implemented by the Office of Interagency Affairs under the direction of Lynn Groves, has attempted to benefit students at-risk and their families. Groves expressed that the measure of success or benefits of the programs "is in whether they [programs] make a positive difference for the family targeted" (Lopez, Kraemer, Weiss, 1992, p.34). In a mid-first year formative report, Groves (1992) reported programmatic benefits of the Full Service Schools included improved service delivery due to collaboration and collocation of services at the school site, improved information sharing across disciplines, and a positive shift toward preventive interaction with families instead of crisis management.

This paper reports the findings of the first annual evaluation of the Full Service Schools Grant of the Family Services Center in Gainesville, Florida. The evaluation occurred

during May and June 1992. It should be noted that the Full Service Schools Grant is one component of the Family Services Center, which is a coordinated effort between local, state, and federal agencies to provide integrated health, education, and social services to qualified families who may require a variety of support services. The Full Service Schools Grant served 71 families that included 227 children and students from several schools within the district.

Subject Sample

For the Full Service Schools evaluation, 183 students (PK-12) from the 71 families served by the Full Service School Grant comprised the population of the students for the elementary school and secondary school Full Service School Grant evaluation. The students represented 17 different elementary schools, 4 middle schools, 4 high schools, and 4 special centers. Students enrolled in adult education programs were not included in the sample. Approximately 27% of the 183 students received Special Education services. Of the students who received Special Education services, 46% were classified Specific Learning Disabled while 24% were classified Emotionally Handicapped. One student was identified as receiving hospital/homebound services during the study. At least 57 of the 71 families served were identified as single-parent (all but one is headed by mother or grandmother) families or households.

Methodology

The program evaluation was divided into two phases to measure the success of the Full Service Schools Grant. Simple quantitative methods were used to investigate outcome measurements of students' academic and behavioral performances. Baseline data were collected from student records with the assistance of the Office of Research and Planning of the School Board of Alachua County. Grade point averages, achievement test scores, attendance records, discipline referrals, and corresponding consequences for the 1990-91 school year were compared with available measurements from the 1991-92 school year.

The second phase developed a case-study portrait of the participating families through qualitative research methods. Primary methods used were multiple sources of evidence, chain of evidence, and investigator triangulation (Mathison, 1988; Yin, 1984). Case-study interviews were conducted with mothers of six families during May and June 1992. Three interviews occurred at the Family Services Center and three interviews took place in participants' homes. The interviews lasted from 30 to 60 minutes each. All subjects were interviewed utilizing an informal guide developed by this researcher. Interviews were audiotaped and transcribed, and then analyzed for references to process, direct reference, or situational language that yielded emerging themes and recurring categories (Seidman, 1991).

Results of Quantitative Outcomes

The Full Service Schools Grant established criteria for selected variables to be used to assess student academic and behavioral improvement and an increased level of parental involvement in educational achievement. These criteria included:

1. Increase students' Achievement scores by two Normal Curve Equivalents (NCE);
2. Increase students' GPAs by one-half (.5) grade point;
3. Decrease students' absences by 20%;
4. Improve students' classroom behavior;
5. Improve students' general health status; and,
6. Document the number of parents who complete GEDs and other vocational/educational achievements.

Student CAT Scores

The Alachua County school district administers the California Achievement Test (CAT) annually to students in Grades 1-5 and Grade 7.

Grades 2-5. Of the students in Grades 2-5 who were not enrolled in a full-time Special Education program, 33 had test scores recorded for the school years 1990-91 and 1991-92. The CAT data were evaluated in terms of the percent of students, by grade and by subject area, who demonstrated a gain of at least 2 Normative Curve Scores (NCEs). NCEs provide an equal-interval scale of measurement that has essentially the same meaning from any nationally normed achievement test at any grade level.

Fifty percent (50%) of the students demonstrated gains in NCE scores with students in Grade 3 demonstrating the highest percentage of students meeting the criteria.

Grades 1 & 7. First-grade and seventh-grade students are not tested in their pretest (Kindergarten, Grade 6) year.

Therefore, for Grades 1 and 7, the CAT data were evaluated in terms of the percent of students, by subject area, who scored out of the lower quartile (i.e., achieved a national percentile score greater than 25). Since Grade 1 students are not administered the Language subtests, neither Language nor Basic Battery performance is reported for the grade. Of the nine students enrolled in Grade 1, only 1 student (11%) reached the Reading criterion. First Grade students achieved slightly higher in Math, with three students (33%) reaching the criterion. Of the students in Grade 7 who were not enrolled in a full-time Special Education program, seven students (35%) reached the criterion in Reading, 4 students (22%) achieved the Language criterion, and 6 students (30%) reached the criterion in Math. Of the 18 students having a valid Basic Battery score, 6 students (33%) scored out of the lower quartile.

Student Grade Point Averages

Alachua County School District employs different grading systems for first through third grades and for fourth through twelfth grades. The earlier grades use a 3.0 (E-S-N-U) grading scale, and the higher grades use the more common 4.0 (A-B-C-D-F) grading scale. Kindergarten students are evaluated on a third system which is not comparable with the grade-point scales. A student is included in the academic evaluation if grades were available on the electronic data base.

Grade 1 & Grade 4. Students in Grade 1 and Grade 4 were evaluated on the basis of the percent of students earning a GPA

of at least 2.0 for the 1991-92 school year. Of the 25 students in Grade 1 of Grade 4, approximately two-thirds (68%) earned a GPA of 2.0 or higher for 1991-92 school year. (For first-grade students a 2.0 is comparable to an average grade of Satisfactory (S). For fourth-grade students a 2.0 is comparable to an average grade of C.)

Grade 2-3 and Grades 5-12. Of the remaining students who were not in Grade 1 or Grade 4, 113 students had grades on electronic data base for both school years. Sixty-seven students (59%) evidenced a decrease in overall GPA. Thirteen students (12%) maintained their GPA between school years. Thirty-three students (29%) evidenced an increased GPA. Of these students, approximately half (16 students) earned an increase of at least one-half of a grade point.

Student Attendance/Absences

School attendance is a major problem with at-risk children and their families. Absences for the 1990-91 school year were divided into three categories: (1) 0-10 absences; (2) 11-20 absences; and (3) more than 20 absences. The data indicate that across school levels (Elementary, Middle, and Senior High) students who incurred 11-20 absences during the 1991-92 school year had the highest percentages of reduced absences by at least 20%.

The relatively low percentages demonstrated by the groups with 0-10 absences could be, in part, due to the relatively smaller initial number of absences and the extraordinary amount

of effort required to reduce those absences by at least 20%. For example, a student with only 2 absences during the 1990-91 school year could not miss more than one day during the 1991-92 and achieve a 20% reduction in absences.

Improved Classroom Behavior

A measure for improved school behavior was comparing the frequency of student discipline referrals between school years. The collected data indicated that almost one-half (48%) of the students received no discipline referrals during either school year. The percentage of students receiving no disciplinary referrals either year ranged from 18% for High School, 31% at the Middle school level, and 74% for the Elementary students. Overall, 24 students (13%) showed a decrease in the number of discipline referrals, 66 students (36%) showed an increase in the number of discipline referrals, and for 5 students (3%) the number of referrals remained constant.

In Alachua County formal reporting of discipline infractions at the elementary school level is at the discretion of the school principal. Differences between school report procedures could explain the high percentage of elementary school students who received no discipline referrals.

Of greater significance is the 51% of middle school students who exhibited an increase in the number of discipline referrals. The number of middle school students (68) was more than twice the number of high school students (33), yet the percent of students who increased the number of referrals were the same. Although

approximately one-third (31%) of the middle school students received no referrals for either year and 3 students (4%) showed no change in number of referrals, only 9 students (13%) showed a decrease in the number of referrals.

Administrators responded to discipline referrals in a variety of ways. The most frequent responses to discipline referrals by administrators during the 1990-91 school year included in-school suspension, detention, and out-of-school suspensions. During the following school year, the most frequent consequences for discipline problems of were student conferences, detention, and out-of-school suspensions. Two consequences employed during the 1991-92 school year and not in the preceding school year were parent conferences and referral to the guidance office.

Students' Health Status

The Health Clinic staff at the Family Services Center see an average of 93 patients during the 10 days the Clinic is open each month. Current figures indicated that Clinic staff perform an average of 12.6 physicals monthly. The Health Clinic is available to all Family Services Center families. Seventy-seven percent (77%) of the students from the Full Service Schools grant have been seen at the Health Clinic. With few exceptions, each student seen received a complete physical examination during the initial visit. The review of students' and families' health records indicated an overall increase in the frequency of Clinic visits. Thirty-six percent (36%) of the student were seen only

during the 1990-91 school year while 42% were seen only during the 1991-92 school year. Data indicate that 1.7% of the students increased their frequency of visits between the 1990-91 and 1991-92 school years, while 5.2% posted no change in the total number of visits between the school years.

Parental Education Achievements

Student achievements in education are often coupled with the educational accomplishments of parents. Three parents received their GED's during the 1991-92 school year. One parent was enrolled at the University of Florida, and 11 parents were involved in academic or vocational training at Santa Fe Community College during this evaluation period.

Discussion

Several problems of the quantitative component of the study become evident for discussion. These barriers include inconsistent testing at all grade levels, differences in grading scales between grades and education levels, and inconsistent discipline reporting procedures. Future evaluations should attempt to overcome these problems and recommendations are provided in the Summary.

One primary obstacle discovered in the analysis comes from using students' CAT scores to assess academic achievement. This method eliminates students in Grades 6 and 8-12 and reduces the sample size. Conclusions should be limited to only the students in Grades 1-5 and Grade 7 with the decreased sample size. Future evaluations should include all students or suggest an appropriate

assessment for all grade levels. Generalizations should be limited pertaining to the students academic achievements.

The current grading scales used for K-12 students prevent an accurate comparison of students grades between scales. Students in Grades 1, 5, and 9 could be at a disadvantage when comparing their prior schoolyear grades, due to different grading methods and the transition to different school levels.

The highest rates of absenteeism were recorded by a small percentage of the sample. This relatively small number of students who were absent more than 20 days during the 1990-91 school year and failed to meet the evaluation criterion indicate the necessity of establishing follow-up procedures.

After reviewing the behavioral data, the late elementary grade or early middle school grades may be the appropriate target level for preventative and intervention programs serving at-risk students. Interpretation of the middle school data should take into consideration the fact that, for students in Grade 6, the baseline year (Grade 5) was an elementary grade. For sixth graders, fluctuations in the number of discipline referrals may be influenced by differences in the referral reporting and recording between the elementary and middle schools.

The 6.1% increase in Health Clinic attendance may be attributed to the concerted efforts of the Center staff to educate families on the benefits of annual physicals and the rapport-building with the families by Clinic staff.

Overall, the academic gains were limited with minimal changes in absenteeism rates or discipline referrals. One explanation for the evaluation results could be that any significant program effect is too early to detect after only one year. It may also be argued that the evaluation criteria was too strict or not realistic for this targeted student population.

Results of Qualitative Methods

The development of case studies can provide meaningful interpretation to program evaluation not seen in standard measurements (Seidman, 1991). Emerging themes from guided interviews support collaborating records such as case files, family histories, and staff reports. The typical profile of the sample is that of a 40-year-old African-American female who is primary caregiver to 5 children and single by divorce.

Major Themes

An analysis of the six participants' interviews produced five major themes consistent with the literature. These themes described the level of satisfaction with the Full Service Schools program, the participants' perception of staff, the benefits of a Full Service Schools model, the difficulties of parenting, and significant changes or challenges.

High satisfaction. Participants reported a high level of overall satisfaction with the Full Service Schools program, as determined by the comments of the sample. One participant simply stated that, " I think it's nice. I think it's wonderful." Another parent added, " I love this program, I mean it's so

inspirational to me." Another participant expressed feelings of contentment with the program and gratitude to the staff. She stated she will never be able to

> ... forget what they have done for me and my family. I mean it is a great program. I couldn't have made it without it...it did a lot for me. Right now, I think they are doing everything that they possibly can and... they even do a little extra sometimes.

Participants' satisfaction of the overall program is an important key to any programs success. Another critical determinant is the participant's satisfaction with and perception of the Center staff.

Appreciation of the staff. The roles that staff members play vary between the specific job roles and situations of the individual staff members. One recurring role of the family liaison specialist is that of counselor. One participant expressed emotionally that beyond

> ... the financial part I needed somebody that was able to give me some comfort and piece of mind. One day I think I actually would have killed myself if it hadn't been for them.

Another participant agreed, and added that a specific staff member

> ... knows me personally so she can ask me questions that are really relevant to what's going on in my life and she knows where I'm at and I feel free to talk to her...we conference and counsel. It helps.

Participants expressed feeling nurtured and encouraged by the staff. One participant described the staff as

> ... a family. They seem to care about, you know, a lot of problems we have.

Another participant reported that

> ... I feel good when I come there...they make me feel good.

Another participant added that she appreciated the sincere

> ... concern that the workers show. They show that they're concerned about you as an individual. They're concerned about your children...it's what I think has drew me closer to this place...the concern and care.

One participant expressed that she has

> ... more self-esteem now than I had before I met them [staff members]. They help me a lot to feel more confident that I can do things that ... I didn't have the self-confidence to do.

Several participants related an appreciation for individual staff members. While speaking of the Adult Education instructor, one participant wanted to

> ... compliment her in the highest. She's a special sweet lady, I mean she's a tough cookie, but she's special and I appreciate the way she helps really get through to you and really help bring it out of you.

Another participant described her experiences at the local DHRS office "like a zoo" and preferred the Family Services Center Aid to Families with Dependant Children (AFDC) specialist because "it's more personal. It's more one-to-one."

Program benefits. The Full Service Schools grant provided the participants many advantages. One primary advantage cited by all participants was the collocation of educational, social, and health services. Each of the following statements came from one of the six interviews. Each represents the participants' views of the advantages gained through

participation in the program.

> ... being able to come here and finding everything that I needed right here in one place.
>
> ... go to school and the doctor.
>
> ... parenting classes and they also keep records on the student's grades [through the District computer system].
>
> ... they [staff] come by and visit you at home, and just any kind of problem that you had where you know they can link you up with some sources to help you out.
>
> ... I was able to take the kids down to the clinic there, Family Services. They hadn't had a physical in years.
>
> ... It's total care. Everything in one. It's great.

Perils of parenting. The challenges of parenting is another major theme concluded from the data. Approximately 93% of the families receiving services from the Full Service Schools grant were households headed by single parents or grandparents. Participants expressed concerns of parenting alone. One participant stated that "having to do it all by yourself and not having the support of the children's father" was a major problem. Another participant voiced concern for her sons "to have a male role model to...look up to." The impact of a divorce or separation can have a tremendous impact on children. One participant recounted

> My son's grades were falling ... he wasn't doing well in school. I was taking me and the boys ... to Shands Children Mental Health because I thought that we all needed counseling since the divorce.

This participant reported that her son

> ... had a great year... he's more motivated to work and seems to understand more and doesn't get quite as frustrated.

One participant related that "having to raise them [children] by yourself" was the hardest challenge of being a parent. She confided that if the children needed help they "can't go to their dad, so I try to help them the best way I can."

One participant related that the perils of parenting are not limited to single-parent households. When she and her family moved to Gainesville, they

> ... were in real bad shape. My husband was out of a job, I guess he couldn't stand all of the pressure... so he left. I was going through a lot of changes with that and now ... we have a relationship. As a matter of fact, I'm thinking about letting him move back in and give it another try.

Changes and challenges. Participants expressed many changes and challenges apart from and as a result of the Full Service Schools program. Often, personal challenges precipitate changes which develop into personal growth. One participant related that the challenge of going back to school brought about several personal changes in her home life. She recounted that before she

> ... started the program, my leisure time would be like to go out in the street, you know, I'm not a drinker so I don't drink, but I just liked to be out and since I got into the program I use my leisure time to study now. It has made a great deal of difference in my kids and their grades also. They can see by me working hard, that motivated them, and it's brought their grades up. So our leisure time is spent reading and doing things together.

In agreement, another participant related that

> ... there was a time when I could not find time to really to sit and read to them, you know, study with them or what have you, I find time to do that now... that is important to read with them. I take them to the library. Those things I didn't do before.

One participant related that the Full Service Schools staff encouraged her through a difficult challenge that led to tremendous change. She remembered feeling

> ... frightened to ride the bus. I would miss appointments because I was frightened. I just wanted to be at home and no place else. They got me going to doctors. But now they [doctors] got me on medication and it's helping me to deal with that.

Participants responded positively to several staff and program changes within the Family Services Center. They also offered suggestions for additional services.

Two participants described optimism with the new staff.

> I'm sure they're good at what they do. I'm sure they're great, but for me the first group [original staff] was even greater. I really appreciate them. I got attached to them, and I'm sure I'll get attached to them [new staff members] too and I know that they are here for me...
>
> I haven't run into anybody that wasn't together down there. All of them, everybody there, even the new people. I know that they have some new people, but it's just like it seems they fell right into place.

Two participants suggested providing program once offered at the Family Services Center.

> ... in the beginning when I first started the program they did have tutors there for the children. But now I'm being told that the tutors are not there now. I was so excited

> to know that I'm going to be learning and getting tutored as well as my children. We all can go to the same place and get tutored now. But then they tell me there are no tutors.
>
> ... my children do not get the completeness of the involvement that they were once getting. I get it mostly, more than they do. It [the program] is more like a great benefit towards me now... it encourages me a whole lot... it helps me to do more things that I thought that I couldn't do. I see where it's spoken a lot to me and then I've spoken to my children.

Several participants suggested additional services be added to those already available at the Family Services Center. These suggestions included supervising low-income housing:

> So the housing situation is very important because I know a lot of people, you know, and having somebody over it like the Family Services. That's what fascinates me... because if they are over it, it's going to be run right and the right kinds of people could be in there and it could be run nicely;

offer legal services:

> I would like to see a lawyer who is familiar with HRS procedures. One that could actually take a case or something. I know that lawyers do community service. You [single mothers] feel very alone especially when legal problems come up;

increase coordination with the DHRS and specifically the Division of Child Support Enforcement (CSE):

> I want to know why he can't help take care of the kids... he hasn't paid the first child support yet. I haven't received any, but every penny I get I budget... but sometimes I wonder am I going to make it.
>
> The whole problem is he doesn't want to pay child support. I'm very angry about the whole thing and it makes parenting very, very hard.

> I'm in limbo now due to a little glitch, a technical thing the CSE will not take care of.

Discussion and Summary

Full Service Schools originated from the need to reconceptualize a failing service delivery model. Many challenges lie ahead for education and human service professionals as efforts increase to integrate services into the education setting (Bruner, 1991; Jehl & Kirst, 1992). While the evaluation of collaborative efforts is important, the results should reflect the day-to-day lives of the participants.

The participants' attachment to staff is evidenced in the recorded responses, as well as a significant level of satisfaction and appreciation of the staff's efforts. Participants described the Full Service School or "one stop shop" model of service delivery as successful in their community. For many participants, the Center was the first positive interaction experienced with government-related programs. Participants related feeling encouraged and supported by all staff members and thereby feeling better about themselves, their challenges, and their accomplishments.

This phenomenon may be a result of the adaptive roles of the staff to meet the individual needs of the families through the collaborative effort of representative agencies. Participant interviews and case reviews suggested that continued support and funding for family-focused integrated services may increase the probability for self-sufficiency.

This study was limited in geography to a single north central Florida community and reflects only one program component of the many services of the Family Services Center. Although the students' academic and behavioral outcomes examined in this study were not as superlative as many advocates would have hoped, the results indicated areas for further program development or innovative intervention which included:

1. An increase in collaborative planning with the Department of Health and Rehabilitative Services to enhance the number of on-site services available to families (i.e. Child Support Enforcement and employment support services). Perhaps on a one-morning-a-week basis.

2. Maintaining participants' level of satisfaction of programming by encouraging input from family representatives.

3. Encouraging full integration of Full Service School grant participants with other Center programs.

4. Encouraging Center staff to employ more active case management and less crisis management.

5. Providing ongoing monitoring of students' academic and behavioral performance through district resources and initiate appropriate interventions when necessary.

These recommendations combined with already established practices and services provided at the Family Services Center, along with increased funding and continued family-focused support should increase the success of such innovative programs.

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